

## **Amendments to the Claims:**

This listing of claims will replace all prior versions, and listings, of claims in the application:

### **Listing of Claims:**

1-19. (Cancelled).

20. (Previously Presented) A method of providing a constant or substantially constant force for correcting spinal deformities in a human patient, the method comprising:

providing a correction device comprising an elongated rod, the elongated rod having a pre-contoured shape of a normal degree of kyphosis and lordosis of at least a portion of the patient's spine, the elongated rod comprising a superelastic material having a transition temperature ( $A_f$ ) within the range of human body temperature;

deforming the elongated rod to conform to a deformed portion of the patient's spine;

mounting the deformed elongated rod to the patient's spine including the deformed portion, whereby the deformed elongated rod is capable of applying a correction force having a predetermined amount to correct the deformed portion of the patient's spine, the correction force being generated by the superelastic material at the patient's body temperature and in an austenite phase of the superelastic material; and

maintaining the correction force at the predetermined amount until the deformed elongated rod resumes the pre-contoured shape to fully or substantially fully correct the spinal deformities;

wherein the correction force is constant or substantially constant and controllable during spinal deformity correction, and wherein the spinal deformity is a deformity of scoliosis, kyphosis, or lordosis; and

wherein the elongated rod is deformed before or simultaneously when the elongated rod is mounted to the patient's spine including the deformed portion.

21. (Original) The method of claim 20, wherein the predetermined amount of the correction force can be adjusted.

22. (Original) The method of claim 20, wherein the correction force is activated during the spine correction surgery.

23-27. (Cancelled).

28. (Original) The method of claim 20, wherein the correction force is applied to the deformed spine portion from the anterior aspect of the spine.

29. (Original) The method of claim 20, wherein the correction force is applied to the deformed spine portion from the posterior aspect of the spine.

30-33. (Cancelled).

34. (Previously Presented) The method of claim 32 further comprising limiting the correction device from movement.

35. (Previously Presented) The method of claim 32 further comprising limiting the correction device from a rotation movement.

36. (Previously Presented) A method of providing a constant or substantially constant force for correcting spinal deformities of a human patient, the method comprising:

providing a supporting member comprising a superelastic material for generating a correction force having a predetermined amount, the superelastic material having a transition temperature ( $A_f$ ) within the range of human body temperature, the supporting member having a pre-contoured shape of a normal degree of kyphosis and lordosis of at least a portion of the patient's spine;

applying the correction force to a deformed portion of the patient's spine; and

maintaining the correction force at the predetermined amount until the spinal deformities are fully or substantially fully corrected;

wherein the supporting member generates the correction force at the patient's body temperature and in an austenite phase of the superelastic material, and wherein the spinal deformity being corrected is a deformity of scoliosis, kyphosis, or lordosis.

37. (Previously Presented) The method of claim 36 further comprising deforming at least a portion of the supporting member to conform to the spinal deformities.

38. (Previously Presented) The method of claim 36, wherein the predetermined amount of the correction force can be adjusted.

39. (Previously Presented) The method of claim 36, wherein the correction force is activated during the spine correction surgery.

40. (Cancelled).

41. (Previously Presented) The method of claim 36 further comprising limiting the supporting member from movement.

42. (Previously Presented) The method of claim 36 further comprising limiting the supporting member from a rotation movement.

43. (Previously Presented) The method of claim 36 further comprising providing an anchor member for mounting the supporting member to the deformed spine portion.

44. (Previously Presented) The method of claim 43, wherein the anchor member comprises a superelastic material.

45. (Cancelled).

46. (Previously Presented) A method of correcting a spinal deformity of a recipient, the method comprising:

applying a supporting member comprising a superelastic material to a deformed spinal portion of a recipient;

generating a correction force at the recipient's body temperature and in an austenite phase of the superelastic material, the superelastic material having a transition temperature ( $A_r$ ) within the range of human body temperature; and

maintaining the correction force until the spinal deformity is fully or substantially fully corrected, wherein the spinal deformity is a deformity of scoliosis, kyphosis, or lordosis;

wherein the supporting member has a pre-contoured shape of a normal degree of kyphosis and lordosis of the recipient's spine.

47. (Previously Presented) The method of claim 20, wherein the correction force is not remotely activated.

48. (Previously Presented) The method of claim 36, wherein the correction force is not remotely activated.

49. (Previously Presented) The method of claim 46, wherein the correction force is not remotely activated.

50. (Previously Presented) The method of claim 20, wherein deforming the elongated rod comprising bending the elongated member to conform to the deformed portion of the patient's spine.

51. (Previously Presented) The method of claim 36, wherein applying the correction force comprising bending the supporting member to conform to the deformed portion of the patient's spine and mounting the bent supporting member to the patient's spine including the deformed portion.

52. (Previously Presented) The method of claim 46, wherein applying a supporting member comprising bending the supporting member to conform to the deformed spinal portion of the recipient and mounting the bent supporting member to the recipient's spine including the deformed spinal portion.

53. (Previously Presented) The method of claim 20, wherein the elongated rod is deformed by an orthopedic surgeon during an orthopedic procedure.

54. (Previously Presented) The method of claim 36, wherein the elongated rod is deformed by an orthopedic surgeon during an orthopedic procedure.

55. (Previously Presented) The method of claim 46, wherein the elongated rod is deformed by an orthopedic surgeon during an orthopedic procedure.